

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
GRIEVANCE PROCEDURE
Title II Americans with Disabilities Act (ADA)
Section 504 Rehabilitation Act (RA)

The Department of Health and Human Services (“DHHS” or “the Department”) has adopted the following internal grievance procedure to provide for the prompt and equitable resolution of complaints against a division within DHHS alleging an action prohibited by the U.S. Department of Justice regulations implementing Title II of the Americans with Disabilities Act, 28 CFR Part 35, or by the U.S. Department of Justice regulations implementing Section 504 of the Rehabilitation Act of 1973, 45 CFR Part 84.

The Department’s rules relating to ADA Grievance Procedures RA Grievance Procedures are codified at 10A NCAC 01E .0101 *et seq.*

This document sets out the procedures for filing and processing complaints.

I. How to File a Complaint with the Department of Health and Human Services:

You must file your complaint in writing within sixty (60) days of the date you become aware of the alleged violation. The complaint must contain the name and address of the person filing it, the name of the DHHS Division involved, the date(s) of the alleged violation, and a brief description of the alleged violation. If, due to a disability, you require secretarial assistance to prepare a complaint, the Department or Division ADA/RA coordinator shall provide such assistance upon request. The Department’s Compliance Attorney is M. Terry Hodges, Esq., Office of the Secretary, 101 Blair Drive, Raleigh, NC 27603, telephone 919-855-4800. The Department’s Special Advisor on the ADA is Jessica Keith, Office of the Secretary, 101 Blair Drive, Raleigh, NC 27603, telephone 919-855-4800.

The form for filing a complaint is appended to the end of this Grievance Procedure. Additionally, the form is available on the DHHS website and from the Department’s Compliance Attorney.

To file a complaint, completed forms must be mailed to:

DHHS ADA/RA Complaints
Office of Legal Affairs
2001 Mail Service Center
Raleigh, NC 27699-2001

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The following is a list of ADA/RA coordinators for each Division and Office of DHHS, with contact information:

DHHS Division or Office	Division/Office ADA/RA Coordinator
Division of Mental Health, Developmental Disabilities and Substance Abuse (DMH/DD/SA)	Glenda Stokes 919-715-3197
Division of Medical Assistance (DMA)	Sabrena Lea 919-855-4365
Division of Vocational Rehabilitation Services (DVR)	Phil Protz 919-855-3567
Division of State Operated Healthcare Facilities (DSOHF)	Laura White 919-855-4700
Division of Public Health (DPH)	Lin Taliaferro 919-733-9744
Division of Services for the Blind (DSB)	Kim Harrell 919-527-6716
Division of Child Care Development and Early Education (DCDEE)	Tammy Barnes 919-527-6335
Division of Services for the Deaf and Hard of Hearing (DSDHH)	Jeff Mobley 919-874-2212
Division of Aging and Adult Services (DAAS)	Lynne Berry 919-855-3427
Division of Social Services (DSS)	Kevin Kelley 919-527-6340
Division of Health Service Regulation (DHSR)	Amy Sawyer 919-855-3750
Office of Rural Health and Community Care	
Office of the Secretary	M. Terry Hodges, Esq. 919-855-4800

For any Division or Office which does not list an ADA/RA Coordinator, contact the Department's Compliance Attorney, M. Terry Hodges, Esq., 919-855-4800.

Please note that the Department will only process complaints involving a Division or Office of DHHS. If you have a complaint against a different state agency, please contact that agency directly.

II. Complaint Resolution by the Department

A. Complaint, Investigation and Determination

Within thirty (30) days of DHHS's initial receipt of a complaint, the Division ADA/RA Coordinator shall send written notification to the complainant of the Department's determination as to the validity of the complaint and a description of the resolution, if any.

To the extent practicable, DHHS's internal procedure shall be the following.

1. Upon receipt, a complaint will be logged into the Department's database.
2. Within two (2) business days of receipt, the complaint will be assigned to the appropriate Division ADA/RA coordinator. The Division ADA/RA coordinator will send a letter to the complainant acknowledging receipt of the complaint. The Division ADA/RA coordinator also will send a copy of the acknowledgment to the person or division that is the subject of the ADA/RA complaint. A template acknowledgment letter is appended to the end of this procedure.
3. As soon as practicable, the Division ADA/RA coordinator will assign the investigation to a Section Chief or other designee. The Section Chief or designee shall investigate the complaint. The investigation shall afford all interested persons and their representatives, if any, an opportunity to submit evidence relevant to the complaint.
4. As deemed appropriate in each case, any point during the investigation, the Section Chief or designee may consult with the Division ADA/RA coordinator, the Office of Legal Affairs, the Office of the Special Advisor on the ADA, the North Carolina Department of Justice and/or other knowledgeable individuals within the Department (including representatives of the Division of Services for the Deaf and the Hard of Hearing).
5. Within twenty (20) days of DHHS's initial receipt of the complaint, the Section Chief or designee will send proposed findings, recommendations and written notification to the following: (1) the Division ADA/RA Coordinator, (2) the Office of Legal Affairs, and (3) the Office of the Special Advisor on the ADA. The Section Chief shall not send the proposed findings, recommendations and written notification to the Division Director (as the Division Director may become involved if reconsideration is requested).
6. As deemed appropriate in each case, the Division ADA/RA Coordinator, the Office of Legal Affairs and/or the Office of Special Advisor on the ADA may review and/or revise the Section Chief's proposed findings and recommendations.

7. Within thirty (30) days of DHHS's initial receipt of a complaint, and following the review specified in Paragraph 5, the Division ADA/RA Coordinator shall send a determination letter to the complainant. The letter shall state the Department's determination as to the validity of the complaint and a description of the resolution, if any. The determination letter shall be sent by trackable mail. The determination letter shall notify the complainant of the following:

- a. If the complainant has a disability that renders a different form of communication necessary (*i.e.*, non-written communication), then upon request the Division ADA/RA coordinator shall make reasonable efforts to effectively communicate the determination to the complainant.
- b. If the complainant is dissatisfied with the Department's determination, he/she may request reconsideration of the determination by the Division Director. A request for reconsideration shall be filed within 30 (thirty) days after the complainant receives the Department's determination. The determination letter shall identify the name and contact information for the appropriate Division Director.
- c. A Reconsideration Request form shall be attached to or enclosed with the Department's determination letter.

8. The Division ADA/RA Coordinator shall send a copy of the Department's determination letter to the person or division that was the subject of the ADA/RA complaint. The notification shall be sent by trackable mail.

9. If warranted by extenuating circumstances or good cause, the Division or Office ADA/RA Coordinator may extend the thirty (30) day time period to send notice of the Department's determination of the validity of the complaint and a description of the resolution, if any, provided that the Department shall send the required notice within a reasonable time as provided by federal law.

Templates for a determination letter, and a reconsideration request, are appended to the end of this procedure.

B. Reconsideration of Department's Determination

If a complainant is dissatisfied with the Department's determination, he/she may request a reconsideration by the Division Director. A request for reconsideration must be received by the Division Director within thirty (30) days after the complainant receives the Department's written determination, or within thirty (30) days after he/she receives the determination if it was communicated by other means.

A request for reconsideration shall be submitted to the appropriate Division Director using the Reconsideration Request form that will be enclosed with the written determination. A form for submitting a reconsideration request is attached to the end of this Grievance Procedure. Additionally, the form is available on the DHHS website and from the Division ADA coordinators.

Completed requests for reconsideration should be mailed to the appropriate Division Director, as identified on the reconsideration request form. Contact information for each Division Director also can be found on the DHHS website, www.dhhs.nc.gov.

The Division Director, or a designee, shall issue a written determination to a request for reconsideration within thirty (30) days after the Department receives a timely request for reconsideration. The Division Director also shall send the determination to the person or division that was the subject of the complaint. The determination will be sent by trackable mail. The Division Director shall also forward a copy of the determination to the Division ADA Coordinator, the Office of Legal Affairs and the Office of Special Advisor on the ADA.

Should the complainant have a known disability that renders a different form of communication necessary, the Division Director coordinator shall make reasonable efforts to effectively communicate the determination.

C. Records

The Department will maintain records of the complaints, investigations and resolutions as required by its approved record retention schedule.

D. Revision

This ADA/RA Grievance Procedure was last revised on September 21 , 2015.

E. Forms and Templates

An ADA/RA complaint form is appended below. This form is also available on the DHHS website and from the Department Compliance Attorney, M. Terry Hodges, Esq.

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
COMPLAINT FORM

Title II Americans with Disabilities Act (ADA)
Section 504 Rehabilitation Act (RA)

INSTRUCTIONS: Please fill out (PRINT) this form completely and mail to the address listed on page 2.

NAME: _____

ADDRESS: _____

TELEPHONE: _____

If someone is filling out this form on your behalf, please indicate that person's name, address and telephone number below:

NAME: _____

ADDRESS: _____

TELEPHONE: _____

DHHS DIVISION INVOLVED: _____

DATE(s) the alleged violation(s) occurred: _____

DESCRIPTION OF ACTIONS YOU BELIEVE ARE PROHIBITED BY SECTION 504 of the REHABILITATION ACT OR OF TITLE II OF THE AMERICAN WITH DISABILITIES ACT. (Please list names and addresses of persons who were involved and who can be contacted to provide information relevant to this complaint. You may attach additional sheets as necessary. Please attach copies of any documents or evidence you would like DHHS to consider when investigating your request.)

Have efforts been made to resolve this complaint through other informal means?

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☐ yes ☐ no.

If so, please specify those means, and provide the status. _____

Have you filed a complaint on this alleged violation with any federal office of civil rights, other agency, or in a court? ☐ yes ☐ no.

If so, please specify, and provide the status. _____

Have you previously filed a complaint on this alleged violation with any state agency?

☐ yes ☐ no.

If so, please specify, and provide the status. _____

PRINTED NAME: _____ DATE: _____

SIGNATURE: _____

Mail this form and any supporting information to:

DHHS ADA/RA Complaints
Office of Legal Affairs
2001 Mail Service Center
Raleigh, NC 27699-2001

If you have a disability that renders a non-written form of communication necessary, the Department upon request shall make reasonable efforts to effectively communicate with you. For more information, please contact the Department's Compliance Attorney, M. Terry Hodges, Esq., NC DHHS Compliance Attorney, Office of the Secretary, 101 Blair Drive, Raleigh, NC 27603, telephone 919-855-4800.